

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov



CONFIRMATION NO. 7048

SERIAL NUMBER 10/783,817	FILING DATE 02/20/2004 RULE	CLASS 711	GROUP ART UNIT 2188	ATTORNEY DOCKET NO. RA 5618 (3203.01US01)					
APPLICANTS Michael J. Rieschl, Cottage Grove, MN; Qingyan Chen, Vadnais Heights, MN; Kurt N. Johnson, Edina, MN; Dave Q. Anderson, Coon Rapids, MN;									
** CONTINUING DATA ***** PMM <div style="text-align: center; margin-top: 10px;">None</div>									
** FOREIGN APPLICATIONS ***** PMM <div style="text-align: center; margin-top: 10px;">None</div>									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/13/2004									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 5px;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Charles A. Johnson</u> Examiner's Signature <u>MM</u> Initials </td> <td style="width: 15%; padding: 5px; text-align: center;"> STATE OR COUNTRY MN </td> <td style="width: 15%; padding: 5px; text-align: center;"> SHEETS DRAWING 9 </td> <td style="width: 15%; padding: 5px; text-align: center;"> TOTAL CLAIMS 35 </td> <td style="width: 10%; padding: 5px; text-align: center;"> INDEPENDENT CLAIMS 6 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Charles A. Johnson</u> Examiner's Signature <u>MM</u> Initials	STATE OR COUNTRY MN	SHEETS DRAWING 9	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 6
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Charles A. Johnson</u> Examiner's Signature <u>MM</u> Initials	STATE OR COUNTRY MN	SHEETS DRAWING 9	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 6					
ADDRESS Charles A. Johnson Unisys Corporation P O Box 64942 MS 4773 St. Paul , MN 55164									
TITLE Apparatus and method for the simulation of a large main memory address space given limited resources									
FILING FEE RECEIVED 1298	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px; vertical-align: top;"> FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: </td> <td style="width: 40%; padding: 5px;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </td> </tr> </table>				FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			
FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit								